

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

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| SERIAL NO. | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | 39 | | ↔ | | ↔ | ↔ |
| TOTAL CLAIMS | 43 | | | | | |

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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ↔ | | ↔ | | ↔ |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS